

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 2 9

2. STATE:

Missouri

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

August 28, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431 Subpart M

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.16 - 206

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

New Material

10. SUBJECT OF AMENDMENT: Cooperative Agreement between the Missouri Department of Social Services, Divisions of Family Services and Medical Services and the Missouri Department of Health and Senior Services relating to Medicaid Eligibility Determination and Personal Care and Related State Plan Services and the the Medicaid Home and Community-Based Waiver for the Aged and Disabled in Missouri

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *ee*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED:

September 26, 2001

16. RETURN TO:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

09/28/01

18. DATE APPROVED:

NOV 08 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

08/28/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting AAA for Medicaid & State Operations

23. REMARKS:

cc:
Martin
Vachon
Keller

SPA CONTROL

Date Submitted: 09/27/01

Date Received: 09/28/01

COOPERATIVE AGREEMENT
between the
MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISIONS OF FAMILY & MEDICAL SERVICES
and the
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
relating to
MEDICAID ELIGIBILITY DETERMINATION
and
PERSONAL CARE & RELATED STATE PLAN SERVICES
and
THE MEDICAID HOME AND COMMUNITY-BASED WAIVER
for
THE AGED AND DISABLED IN MISSOURI

This cooperative agreement is between the Missouri Department of Social Services (DSS) and the Missouri Department of Health and Senior Services (DHSS). DSS is the single state agency for administration of the Title XIX (Medicaid) program in Missouri, the Division of Medical Services (DMS) is the division within DSS which directly manages the operation of the Medicaid program, and the Division of Family Services (DFS) is the agency within DSS that determines eligibility for Medicaid participation. DSS recognizes the unique need for seniors and adults with disabilities to have easy access to services that are necessary to maintain independent living. DHSS will provide staff to perform the direct administrative functions required for the provision of personal care and other related state plan services as specified in the State Medicaid Plan, assist with the direct administrative functions required for the operation of the Aged and Disabled Home and Community Based-Waiver, and provide staff to determine Medicaid eligibility on behalf of persons in Missouri who are aged or disabled.

I. PURPOSE

This agreement is entered into for the purpose of efficiently and effectively determining Medicaid eligibility and carrying out the implementation and administration for the Personal Care (PC), Home and Community Based Services Waiver for the Aged and Disabled, and other related Medicaid State Plan Services as it relates to adults who, due to age or disability, are considering or require long-term care services. This agreement will become valid upon acceptance by the DSS and the DHSS as evidenced by each department director's signature.

II. MUTUAL OBJECTIVES

All terms of this agreement and procedures contained herein are intended to adhere to the requirements of state and federal laws and Missouri regulations related to Medicaid eligibility determination, the administration of Medicaid State Plan Services and the conditions of

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participation in the Aged and Disabled Waiver. As such, DSS/DMS, DFS and DHSS agree to coordinate the promulgation of rules and regulations governing the requirements of the In-Home Services and PC program to ensure continued compliance with federal regulations and Waiver assurances to facilitate easy access to home and community based services for individuals who are in need of long-term care.

III. DEFINITIONS

For the purpose of this agreement, the parties agree that the following definitions shall apply:

- A. Department of Social Services (DSS): the designated single state agency for the administration of the Medicaid program in Missouri.
- B. Department of Health and Senior Services (DHSS): The Missouri state agency designated to administer programs of public health and aging issues.
- C. DHSS Division of Senior Services (SS): Qualified employees of the DHSS assigned to the SS Unit that assess the need for and authorize PC and other related state plan services and Aged and Disabled Waiver services.
- D. Division of Medical Services (DMS): The division within the DSS which administers the Medicaid program operations in Missouri.
- E. Division of Family Services (DFS): The division within the DSS with responsibility for determining Title XIX (Medicaid) eligibility.
- F. Aged: Persons who are verified to have attained the required age to be eligible for services as defined by the Aged and Disabled Home and Community-Based Waiver.
- G. Federal Financial Participation (FFP): Matching funds provided by the federal government pursuant to federal law and regulation to fund services authorized under an approved state plan.
- H. Title XIX (Medicaid): A needs-based health care benefit program provided under the Social Security Act that is jointly funded by state and federal governments. Medicaid is administered by DSS, DMS. Eligibility for Medicaid is determined by DSS, DFS except that when applying Home and Community Based Medicaid criteria, DHSS staff must determine eligibility and authorize Aged and Disabled Waiver services prior to the approval of Medicaid benefits by DFS.
- I. Missouri Personal Care (PC) Services Program: The United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), approved plan for PC within Missouri.
- J. Waiver Services: The Home and Community-Based Waiver for persons who are eligible for long-term care services based on age or disability.
- K. Related Medicaid State Plan Services: Services designed to offer viable home or community-based care options to individuals considering long-term care including Adult Day Health Care Services, Program for All-inclusive Care for the Elderly (PACE), and

Authorized Nurse Visits (including nurse visits that supplement the 100 visit Medicaid Home Health maximum).

- L. Indirect Rate: The rate(s) approved by the federal Department of Health and Human Services, Division of Cost Allocation.
- M. Home and Community Based Medicaid: Medicaid eligibility criteria applied to persons who are authorized for services under the Aged and Disabled Waiver.
- N. Skilled Professional Medical Personnel (SPMP): Personnel as defined in 42 Code of Federal Regulations 432.2, as amended.
- O. Directly Supporting Staff: Staff as defined in 42 Code of Federal Regulations 432.2, as amended.
- P. Sanctions: Consequences of failing to comply with the conditions of provider participation in the Medicaid Program, as described in 13 Code of State Regulations 70-3.030 - Sanctions for False or Fraudulent Claims for Title XIX (Medicaid) Services, as amended.
- Q. Recipient Eligibility: May refer to one of two separate processes. First, an individual is determined to be eligible for Title XIX (Medicaid) through application with DFS or DHSS SS staff that are authorized to determine Medicaid eligibility. Second, a Title XIX (Medicaid) recipient is determined to be eligible for PC or other related Medicaid State Plan Services, or the Home and Community-Based Waiver services for the aged and disabled through an evaluation and assessment by the DHSS SS employees.
- R. Plan of Care: The written documentation, developed in collaboration with and signed by the client, that identifies the services, tasks to be provided, frequency of service delivery, maximum number of authorized units to be delivered, functional limitations of the client, nutritional requirements, medications and treatments as appropriate and any safety measures that might be necessary.
- S. Contracted In-Home Services Agency: An agency that has a contract with the DHSS SS to provide Medicaid state plan and waiver services as authorized by the DHSS SS staff.

IV. DUTIES

A. Department of Social Services / Division of Family Services

DSS, DFS agrees to:

- 1. Cooperate with DHSS to enable DHSS SS staff to take and process Medicaid applications with the review and approval of the local DFS supervisor as follows:
 - a. Provide initial training sessions covering eligibility requirements for designated DHSS SS staff. Training sessions are to be held on the dates and at the sites mutually agreeable to both parties. DFS agrees to provide additional follow-up training as determined necessary by the Director(s) of DSS and/or DHSS.

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- b. Provide appropriate forms needed to accept and process Medicaid applications.
 - c. Designate at least one employee in each county office to act as a contact person to answer questions from DHSS SS staff.
 - d. Designate at least one supervisor to review applications taken and processed by DHSS SS staff in each county where staff have received the necessary and appropriate training. Provide oversight and case approval to DHSS staff who have completed the formal training by DFS to enable persons of age or disability to access Medicaid funded home and community-based services through the DHSS when it is determined that such services are being provided as an alternative to a more restrictive institutional placement.
 - e. Provide feedback to DHSS regarding casework and compliance with DSS/DFS program requirements and procedures.
 - f. Cooperate as requested to review proposed disciplinary actions for employees participating under the terms of this agreement and work jointly with DHSS to impose disciplinary action when it is the joint consent of both agencies.
 - g. Cooperate with DHSS by completing joint program evaluations and submit formal recommendations for prospective changes or improvements.
2. Exchange data and information with DHSS, both oral and written, as necessary to determine eligibility or effectiveness of administration of the Aged and Disabled Waiver, PC and other related Medicaid State Plan services.
 3. Cooperate and assist as needed to investigate hotlines under the statutory authority of Chapter 660 RSMo, sharing case information, both oral and written, as necessary to determine validity of allegations contained in the report.
 4. Provide DHSS with all reports and access to mainframe computer screens and databases as may be required to determine client eligibility for the programs outlined in this agreement.

B. Department of Social Services / Division of Medical Services

DSS, DMS agrees to:

1. Provide program interpretations relating to the responsibilities of DHSS and contracted service coordination staff in regards to the evaluation, assessment, authorization, and monitoring of the PC, Waiver Programs for the aged and disabled, or other related state plan services.

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2. Provide training for DHSS staff as determined necessary by the Director(s) of DSS and/or DHSS in order to effectively carry out the responsibilities of administering PC, Waiver, or other related Medicaid state plan services.
3. Determine recipients' eligibility for Title XIX (Medicaid) through DFS. Except that, DHSS staff who have completed the training as required by DFS may determine Medicaid eligibility with the review of DFS local offices.
4. Review at least annually, the assessment and care plan for a random sample of recipients of PC, Waiver, and other related Medicaid State Plan Services for compliance with each program's guidelines. These reviews will be conducted by DMS staff. The number of service plans reviewed shall be never less than 25 per year for each program and at the option of DMS staff, the reviews may be expanded should deficiencies be noted in either program.
5. Prepare the annual HCFA-372 report on the impact of the Aged and Disabled Waiver Program as required by 42 CFR 441.302(f), based on information collected from DHSS and from paid claim records.
6. Exchange data with DHSS to jointly compile periodic reports on the number of clients served, their costs, and the savings generated by the Aged and Disabled Waiver, PC and other related Medicaid State Plan Services.
7. Cooperate with DHSS staff to ensure that Medicaid claims are recycled through the system as necessary to enable payment for services delivered in good faith. Produce Medicaid Denial Reports for DHSS with each payment cycle that identify Medicaid payment denials on all clients authorized for Medicaid payment by DHSS.
8. Enable access to the MMIS system for designated DHSS central office and regional staff to ensure staff are able to conduct business, specifically: verification of Medicaid Provider enrollment and specialty code information; Medicaid claim inquiries for recipients; determination of Medicaid eligibility for specific services based on aid category and lock-in details; researching procedure and diagnosis code information; prior authorization (PA) file inquiries; and recycling claims through the Medicaid payment system.
9. Draw down the Title XIX (Medicaid) federal share of DHSS eligible administrative costs required for the proper and efficient operation of the Aged and Disabled Waiver Program as required by the Social Security Act in Sections 1902 (a) (4) (A); 1915 (c) (2) (A) through (D) and for PC and other related Medicaid State Plan Services as required by the Social Security Act in Sections 1902 (a) (4) (A); 1902 (a) (19) and 1902 (a)(30) (A), as amended, and applicable Federal Regulations to DHSS' federal fund.

The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations applicable to Skilled

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Professional Medical Personnel (SPMP) and their supporting staff for compensation, travel and training will be 75%. Changes in federal regulations affecting the matching percentage, and/or the eligibility of costs for administrative or enhanced match, which become effective subsequent to the execution of this agreement, will be applied as provided in the regulations. DHSS staff who perform SPMP functions must have professional education and training in the field of medical care or appropriate medical practice as specified in 42 CFR 432.50(d).

10. Draw down the Title XIX (Medicaid) federal share of the eligible administrative costs for DHSS contract staff to DHSS' federal fund. The rate of reimbursement for eligible administrative costs will be 50% as specified in 42 CFR 433.15 (7).
11. Review reports of provider noncompliance submitted by DHSS and pursue any sanction or other action necessary and appropriate to remedy the noncompliance. Work with DHSS contract compliance staff to coordinate investigations with the Survey and Utilization Unit (SURS) of DSS/DMS.
12. Prepare, print, mail and when designated appropriate, publish on-line through the Internet material regarding PC and Waiver services to Medicaid providers; this includes manuals and bulletins. Review materials or reports to be published by DHSS regarding PC, Waiver, or other related Medicaid State Plan Services. All such materials published by DHSS as may affect compliance with Title XIX (Medicaid) rules shall be subject to the review and approval of DSS/DMS prior to distribution.
13. Review and comment on policy and procedure for the internal operations of DHSS regarding the PC, Waiver, or other related Medicaid State Plan Services where such policy and procedure may affect compliance with Title XIX (Medicaid) rules or the assurances under which the Waiver Program was approved. Provide technical assistance as needed in order to have consistent integration of Title XIX (Medicaid) compliance issues affecting each program.
14. Provide for an independent assessment of Waiver services in accordance with the requirements of 42 CFR 441.303 (g) should DSS choose to exercise this option.
15. Maintain the confidentiality of client records and all other client information obtained from DHSS.
16. Conduct hearings for persons who have appealed denial or termination of PC, Waiver, or other related Medicaid State Plan Services by DHSS SS staff.
17. Designate an employee of DMS to serve as liaison with DHSS for administration of PC, Waiver Program for the Aged and Disabled, and other related Medicaid State Plan Services.

C. Department of Health and Senior Services / Division of Senior Services

DHSS agrees to:

1. Provide the staffing necessary to fulfill the primary terms and conditions of this agreement contingent on appropriation authority.

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- a. Conduct comprehensive assessment and case management services for recipients to determine if they are eligible for personal care, aged and disabled waiver and adult day health care services, authorize the services to be provided based on the developed care plan.
 - b. DHSS must maintain direct employment of staff necessary to provide the programmatic and operational oversight, management and monitoring activities associated with the PC, Aged and Disabled Waiver program, or other related Medicaid State Plan Services.
 - c. Under the terms of this agreement, DHSS must ensure that SS staff involved in the assessment, evaluation and authorization of PC and other related Medicaid State Plan Services and the Aged and Disabled Waiver services meet, at a minimum the Missouri Merit System Qualification requirements of a Community Health Nurse I or a Social Service Worker I.
 - d. DHSS shall respond to complaints from recipients regarding problems or dissatisfaction with care provision and adjust care plan or delivery as necessary.
 - e. DHSS shall provide staff necessary for clerical, supervisory and/or research and evaluation duties necessary to fulfill the terms and conditions of this agreement not otherwise provided as indirect support through the DHSS indirect rate.
2. Maintain direct performance of and/or assurance that the following specific activities are in place to ensure the proper and efficient administration of the PC, Waiver, and related state plan services:
- a. DHSS will assure that SS staff coordinate the medical services available through the Missouri Medicaid program, other medical programs administered by the Missouri DHSS and other community resources which provide medical services to the aged and disabled.
 - b. DHSS will determine and redetermine the eligibility of applicants for PC or other related Medicaid State Plan Services, and Waiver services through the evaluation of applicant's level of care; the assessment and periodic review of each applicant's need for PC or other related Medicaid State Plan Services or Waiver services, and the development of a written plan of care prior to the authorization or reimbursement for PC or other related Medicaid State Plan Services, or Waiver services. The care plan developed by DHSS SS staff must contain documentation that services are being chosen by the recipient as a more cost effective alternative to long-term care facility placement.
 - c. DHSS SS staff will perform periodic utilization review, including assessment of the continued necessity for, appropriateness of and the adequacy of the medical care and services received by the individual PC or other related Medicaid State Plan Services and Waiver recipient. This activity is to prevent unnecessary utilization of such care and services and to assure that payments are consistent with efficiency, economy, and quality of care.

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- d. DHSS SS staff will operate the Missouri Care Options Program and work with nursing facilities, in-home provider agencies, and PACE providers, to transition clients from care plans and care settings to ensure that individuals facing decisions about long-term are able to make informed choices regarding the array of care options available in the various care settings. DHSS SS will assist facility discharge planners with information about community resources and development of care plans on behalf of individuals residing in nursing facilities when appropriate. DHSS SS staff will perform outreach activities, directed to aged and disabled adults who are likely to require the level of care provided in a nursing facility and provide information about feasible options to that type of more restrictive care settings.
- e. DHSS SS staff will conduct level of care assessments for PACE, (an option of the Missouri Care Options Program); coordinates with the PACE provider the transition of the client from DA in-home services to PACE; locks clients into the PACE program (enrolls and disenrolls); a DHSS caseworker is designated to work primarily with the PACE provider to do levels of care and care plans and to be a part of the PACE interdisciplinary team.
- f. DHSS SS staff are responsible for the prior authorization of PC or other related Medicaid State Plan Services and Waiver services according to the plan of care and must assure that the total expenditures for PC, other related state plan services, and waiver services will not exceed the currently established PC spending cap, as defined in 13 Code of State Regulations 70-91.010 and recalculated prior to the beginning of each fiscal year.
- g. DHSS assures that SS staff will assess eligibility for Waiver services and complete prior-authorization for Waiver services on behalf of potential Medicaid recipients when such authorization is necessary as a condition of eligibility for Medicaid under the DFS Home and Community-Based Medicaid criteria.
- h. DHSS will assure that recipients are given free choice of the provider of PC or other related Medicaid State Plan Services and Waiver services. DHSS will maintain In-Home Provider Agency lists to allow recipients to choose his/her care agency.
- i. DHSS will assure that proposals from prospective agencies are reviewed by qualified staff for compliance with requirements of the PC Program and In-Home Services Program regulations defined in 13 CSR 70-91.010 and 13 CSR 15-7.021 and all applicable federal and state laws or regulations. Upon contract award, DHSS will forward required forms to DSS/DMS for Medicaid Provider enrollment.
- j. DHSS will provide qualified staff, and coordinate with DSS/DMS to conduct regular training courses, at least quarterly, free of charge to individuals interested in becoming an In-Home Provider.
- k. DHSS will provide qualified staff to monitor the operations of contracted In-Home Providers. This will include a sample comparison of the plan of care to

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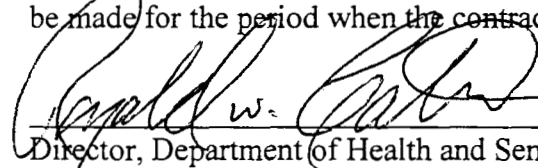
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sign the required addendum to their in-home contract; a review of this pilot project is to occur in the future.

8. Maintain and provide copies of the employee disqualification list (EDL) to in-home services providers. Medicaid requires in-home services providers to monitor the EDL list to ensure that no current or prospective employee's name appears on the list.
9. DHSS will perform assessments at the request of Managed Care Health Plans when the health plan wants to reduce, deny or terminate personal care services.
10. Work with hospice providers to prevent duplications of services for clients who have enrolled in a hospice.
11. Provide DSS with the information necessary to complete the annual report on the waiver's impact, as required by 42 CFR 441.302(f).
12. Accept responsibility for disallowance of federal funds and incur the penalties of same resulting from the activities associated with this agreement, or the provisions related to the contractual activity of the contract staff, unless the disallowance or penalty is the result of DMS' failure to submit, in a proper format and/or in a timely manner, amendments to the Medicaid State Plan proposed by DHSS required for the administration of the PC and Waiver Programs. Timeliness will be measured based on the complexity of the issue(s) involved and whether the proposed state plan amendment can be processed without obtaining additional information from DHSS.
13. Maintain the confidentiality of client records and eligibility information received from DSS.

V. TERMS OF THIS AGREEMENT

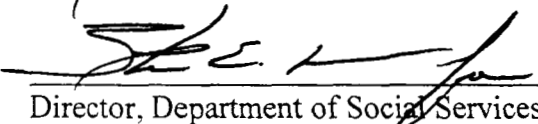
The effective date of this agreement is August 28, 2001. This agreement may be modified at any time by the written agreement of both parties and may be canceled by either party with thirty (30) days prior notice in writing to the other party, provided however, that reimbursement shall be made for the period when the contract is in full force and effective.



Director, Department of Health and Senior Services

09/06/01

Date



Director, Department of Social Services

Sept. 27, 2001

Date

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